Bureau of Health Care Quality and Compliance

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	NVS3535HHA			B. WING		07/0	6/2010
			STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE	1 0.70	0/2010
				REYS STREE DN, NV 89052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
H 00	INITIAL COMMENTS			H 00			
	This Statement of Deficiencies was generated as a result of a State Licensure survey based on the Medicare recertification survey conducted in your facility on July 6, 2010, in which deficiencies related to Nevada Revised Statutes were identified. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Twelve employee files were reviewed. The following deficiencies were identified:		n the your s de, nts The sm(s) nust				
			l as s,				
H139	(a) Direct, supervised skilled nursing service	fessional services shall vise and coordinate the es and other therapeuti		H139			
	services provided by the agency. (b) Develop and revise written objectives for the care of the patients, policies and procedure						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		NVS3535HHA		B. WING		07/06/2010		
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE	07.	106/2010	
HEALTHSOLITH HOME HEALTH OF HENDEDSON			10301 JEF	ADDRESS, CITY, STATE, ZIP CODE JEFFREYS STREET RSON, NV 89052				
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H139	H139 Continued From page 1			H139				
	REGULATORY OR LSC IDENTIFYING INFORMATION)		on of g ff sing the eview, nce s o and					
H152	449.782 Personnel Policies			H152				
	policies concerning to responsibilities and concern type of person required by law. The reviewed as needed	cy shall establish writter the qualification, conditions of employments, including licensure is written policies must be and made available to a fand the advisory group	nt for f e the					

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				07/06/2010		
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
HEALTHSOUTH HOME HEALTH OF H	HENDERSON		REYS STREE ON, NV 89052			
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H152 Continued From page 2	Continued From page 2		H152			
The personnel policies in 6. The maintenance of e confirm that personnel por This Regulation is not in NRS 449.179 Initial and criminal history of employed contractor of certain age 1. Except as otherw subsection 2, within 10 demployee or entering into independent contractor, the person licensed to opprovide personal care seagency to provide nursing for intermediate care, and or a residential facility for (a) Obtain a written semployee or independent whether he has been coulisted in NRS 449.188 http://www.leg.state.nv. (b) Obtain an oral and the information contained obtained pursuant to par (c) Obtain from the econtractor two sets of find authorization to forward Central Repository for National History for submatical distribution of the Central Records of Crimfingerprints obtained pursuant to pare (d) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Detain from the central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to pare (e) Submit to the Central Records of Crimfingerprints obtained pursuant to	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations criminal history of employee or independent contractor of certain agency or facility. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime					

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HEALTHSOUTH HOME HEALTH OF HENDERSON			10301 JEFF	REYS STREE ON, NV 89052	ET .			
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		HENDERSO	ON, NV 89052				
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H152 Continued From page	Continued From page 4		H152				
http://www.leg.state and immediately inforthe administrator of, coperate, the agency of works whether the encontractor has been of 5. The Central Records of Criminal Hupon an agency or a fingerprints pursuant reasonable cost of the or facility may recove independent contract the fee imposed by the agency or facility requindependent contract fee imposed by the Callow the employee of pay the amount throut (Added to NRS by http://www.leg.state9912.html ; 2005, 21 http://www.leg.state912.html ; 2005, 21 http://www.le	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATION Continued From page 4 http://www.leg.state.nv.us/NRS/NRS-449.ht and immediately inform the Health Division at the administrator of, or the person licensed to operate, the agency or facility at which the pe works whether the employee or independent contractor has been convicted of such a crim 5. The Central Repository for Nevada Records of Criminal History may impose a fer upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The age or facility may recover from the employee or independent contractor not more than one-ha the fee imposed by the Central Repository. If agency or facility requires the employee or independent contractor to pay for any part of fee imposed by the Central Repository, it sha allow the employee or independent contracto pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 194 http://www.leg.state.nv.us/Statutes/70th/Sta- 9912.html ; 2005, 2170 http://www.leg.state.nv.us/Statutes/73rd/Sta- 0521.html) Based on record review and staff interview, the agency failed to have employees sign an affice of felony conviction as required by statute for of 12 employees. (All Employees) 1. Personnel record review revealed that all personnel files lacked documented evidence an affidavit of felony conviction as required by						

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